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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Louis K. Huynh
Art Unit: 3721

DATE: October 12, 2004

FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 14

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MESSAGE:

U.S. Patent Application Serial No.: 09/980,816; Our Ref. 81833.0031

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

October 12, 2004
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Rhonda Hurt

TELECOPY/FAX NUMBER: 703-872-9306 (Art Unit 3721)

CLIENT NUMBER: 81833.0031

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (please return fax to Rhonda Hurt at D. Zynn's Desk)

FORM PTO-1083

Attorney Docket No. 81833.0031

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Nobua Shiraishi et al.

Serial No: 09/980,816

Filed: February 5, 2002

For: COSMETIC MATERIAL SHEET AND METHOD FOR
MANUFACTURE OF THE SHEET AND APPARATUS
FOR USE IN THE MANUFACTURE

Art Unit: 3721

Examiner: Louis K. Huynh

I hereby certify that this correspondence
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P.O. Box 1450,
Alexandria, VA 22313-1450 on
October 12, 2004
Date of Deposit
Rhonda Hurt
Name
Rhonda Hurt 10/12/2004
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	20	**	0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
Independent Claims: 4 and 5					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Lawrence J. McClure
Registration No. 44,228
Attorney for Applicants

Date: October 12, 2004

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Appl. No. 09/980,816
Amdt. Dated October 12, 2004
Reply to Office Action of July 15, 2004

Attorney Docket No. 81833.0031
Customer No.: 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SHIRAISHI, et al.

Serial No: 09/980,816

Filed: February 5, 2002

For: COSMETIC MATERIAL SHEET AND
METHOD FOR MANUFACTURE OF
THE SHEET AND APPARATUS FOR
USE IN THE MANUFACTURE

Art Unit: 3721

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Rhonda Hurt
Name
Rhonda Hurt 10/12/2004
Signature Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 15, 2004, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.